

SIG MANAGEMENT INFORMATION FORM (SMIF)

(Revised 11/24/03)

A. IDENTIFICATION INFORMATION

1. SIG State _____
2. Grant Number _____
3. Name of Person Completing Form _____
4. Title of Person Completing Form _____
5. Agency of Person Completing Form _____
6. Work Phone Number () _____
7. Fax Number () _____
8. E-mail Address _____
9. Date of Form Completion _____
(month/day/year)
10. Reporting Period Covered (Circle the appropriate reporting period.)

Cohort I, IV, V, Va, & VI HI, IA, IL, KS, KY, LA, MD, ME, MI, MS, NE, NV, OH, OK, OR, PA, PR, RI, SC, TX, UT, VA, VT, WI, & WY	Cohort II & III AK, AZ, CO, CT, DC, DE, FL, IN, MA, MN, MT, NH, NM, NY, NC, & WA	Cohort VII AL, CA, VI
Oct 1, 2002 - Mar 31, 2003	Jul 16, 2002 - Jan 15, 2003	May 1, 2003 - Oct 31, 2003
Apr 1, 2003 - Sep 30, 2003	Jan 16, 2003 - Jul 15, 2003	Nov 1, 2003 – Apr 30, 2004
Oct 1, 2003 - Mar 31, 2004	Jul 16, 2003 - Jan 15, 2004	May 1, 2004 - Oct 31, 2004
Apr 1, 2004 - Sep 30, 2004	Jan 16, 2004 - Jul 15, 2004	Nov 1, 2004 – Apr 30, 2005
Oct 1, 2004 - Mar 31, 2005		May 1, 2005 - Oct 31, 2005
Apr 1, 2005 - Sep 30, 2005		Nov 1, 2005 – Apr 30, 2006
Oct 1, 2005 - Mar 31, 2006		May 1, 2006 - Oct 31, 2006
Apr 1, 2006 - Sep 30, 2006		Nov 1, 2006 – Apr 30, 2007
Oct 1, 2006 - Mar 31, 2007		
Apr 1, 2007 - Sep 30, 2007		

B. ORGANIZATIONAL INFORMATION

11. What is the name of the lead SIG agency in the State? _____

12. Type of Lead Agency (*Use codes below.*).....

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Other _____
13. Co-Lead Agency 1 (*If applicable, use codes below.*).....

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Other _____
14. Co-Lead Agency 2 (*If applicable, use codes below.*).....

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Other _____

01 = Governor's Office
 02 = Dept. of Health
 03 = Dept. of Mental Health
 04 = Dept. of Substance Abuse
 05 = Dept. of Mental Health/Substance Abuse
 06 = Dept. of Justice
 07 = Dept. of Human Services
 08 = Dept. of Children and Families
 09 = Dept. of Juvenile Justice
 10 = Dept. of Education
 11 = Other (*Please write in the blanks above.*)

C. STAFFING

15. Please list the **titles** of all state SIG staff paid out of the 15% administrative and evaluation portion of the SIG funds. Do not include contract staff (e.g., state evaluator). Multiple instances of the same title may occur.

- a. _____
 b. _____
 c. _____
 d. _____
 e. _____
 f. _____
 g. _____

16. For each title, please provide the percent of full-time employment the person expends on SIG. (*Use whole numbers only.*)

- a.

--	--	--

 %
 b.

--	--	--

 %
 c.

--	--	--

 %
 d.

--	--	--

 %
 e.

--	--	--

 %
 f.

--	--	--

 %
 g.

--	--	--

 %

17. Number of full-time equivalent staff provided in-kind by the state:

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 FTEs
 (Please round to the nearest tenth.)
18. Provide the number of SIG volunteer hours this reporting period:

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 Hrs.

D. SIG ADVISORY COMMITTEE MEMBERSHIP

19. For all SIG Advisory Committee members please provide the type of organization being represented (*Use codes below. If you use code 20, define "other" on the lines provided.*)

1.	<input type="text"/>		11.	<input type="text"/>		22.	<input type="text"/>	
		Chair						
2.	<input type="text"/>		12.	<input type="text"/>		23.	<input type="text"/>	
3.	<input type="text"/>		13.	<input type="text"/>		24.	<input type="text"/>	
4.	<input type="text"/>		14.	<input type="text"/>		25.	<input type="text"/>	
5.	<input type="text"/>		15.	<input type="text"/>		26.	<input type="text"/>	
6.	<input type="text"/>		16.	<input type="text"/>		27.	<input type="text"/>	
7.	<input type="text"/>		17.	<input type="text"/>		28.	<input type="text"/>	
8.	<input type="text"/>		18.	<input type="text"/>		29.	<input type="text"/>	
9.	<input type="text"/>		19.	<input type="text"/>		30.	<input type="text"/>	
10.	<input type="text"/>		20.	<input type="text"/>		31.	<input type="text"/>	
			21.	<input type="text"/>		32.	<input type="text"/>	

01 = Governor's Office

02 = State Legislature

03 = State Dept. of Health

04 = State Dept. of Mental Health

05 = State Dept. of Substance Abuse

06 = State Dept. of Mental Health/Substance Abuse

07 = State Dept. of Justice

08 = State Dept. of Human Services

09 = State Dept. of Children and Families

10 = State Dept. of Juvenile Justice

11 = State Dept. of Education

12 = University

13 = Local law enforcement

14 = Local government official

15 = Local substance abuse agency

16 = Local public youth agency

17 = Advocacy organization

18 = Community organization

19 = National Guard

20 = Youth organization

21 = Other (Specify on the lines provided.)

20. Does the SIG Advisory Committee have standing subcommittees? (Check yes or no.)

☐ 1. Yes

☐ 2. No (Skip to Section E)

21. What are the standing subcommittees of the SIG Advisory Committee? (Check all that apply.)

- ☐ 01. Legislative Affairs
- ☐ 02. Funding
- ☐ 03. Evaluation
- ☐ 04. Sub-recipient
- ☐ 05. Youth Involvement
- ☐ 06. Public Relations
- ☐ 07. Data Collection
- ☐ 08. Training
- ☐ 09. Prevention Strategies
- ☐ 10. Other (Specify.) _____

E. SIG ADVISORY COMMITTEE PROCEDURES

Written Policies and Procedures

<i>Does your SIG Advisory Committee...(Check yes or no on each line.)</i>	<u>Yes</u>	<u>No</u>
22. Have a written mission statement?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
23. Have written by-laws?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
24. Have a written description of the procedures for decision-making (e.g., majority rule, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
25. Have written guidelines regarding the orientation of new members?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
26. Have an organizational chart showing advisory committee structure?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
27. Have a written policy on how membership is defined?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
28. Have officers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
29. Have a written description of the responsibilities of officers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

REMINDER: Please include with your semi-annual report submission any documentation of written policies and procedures not previously submitted.

Activities

<i>During the reporting period, did your SIG Advisory Committee...(Check yes or no on each line.)</i>	<u>Yes</u>	<u>No</u>
30. Hold meetings on a regular time and date?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
31. Provide written agendas at Advisory Committee meetings?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
32. Keep written minutes of Advisory Committee meetings?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
33. Keep an updated Advisory Committee membership list?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
34. Maintain and distribute a calendar of major SIG-related events/ activities?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

F. ORGANIZATIONAL ACCOMPLISHMENTS

During this reporting period...

35. How many Advisory Committee meetings took place?.....
36. How many people, on average, attended these meetings?.....
37. How many formal agreements were signed among state agencies participating in the SIG Effort? (Include copies of signed formal agreements with your semi-annual report submission)
38. How many guidelines or regulations were issued by the SIG? (Include copies of issued guidelines or regulations with your semi-annual report submission)
39. How many events were held to generate stakeholder input?

G. DISAGREEMENTS AND BARRIERS

40. What topics were barriers or led to disagreements among state agencies participating in the SIG effort during this reporting period? (Check all that apply.)

If there were no barriers or disagreements among agencies participating in the SIG effort during this reporting period, check box ☐ and Skip to Section H.

- ☐ 1. Funding streams coordination
- ☐ 2. State comprehensive plan
- ☐ 3. Sub-recipient selection
- ☐ 4. Science-based prevention
- ☐ 5. Evaluation
- ☐ 6. Agency roles
- ☐ 7. Other (*Specify*.) _____

41. Characterize these types of barriers or disagreements. (Check all that apply.)

- ☐ 1. Different disciplinary perspectives or philosophies
- ☐ 2. State/local conflicts
- ☐ 3. Turf (territorial) battles
- ☐ 4. Arguments over allocation of agency resources or burden
- ☐ 5. Other (*Specify*.) _____

42. Were all or most of these barriers overcome and disagreements resolved? (Check yes or no.)

- ☐ 1. Yes
- ☐ 2. No

43. Any other comments on barriers or disagreements among state agencies participating in the SIG effort during this reporting period? _____

H. SIG EVALUATION MANAGEMENT

44. What is the organizational affiliation of State SIG evaluator? (Check one.)

- ☐ 1. University
- ☐ 2. Independent nonprofit organization
- ☐ 3. For-profit organization
- ☐ 4. State government agency
- ☐ 5. Any combination of the preceding
- ☐ 6. Not yet selected

45. Will there be other evaluators, in addition to the State SIG evaluator, who will be conducting evaluations at the sub-recipient level? (Check yes or no.)

- ☐ 1. Yes
- ☐ 2. No

46. Will there be (or are there) State-level outcome data? (Check yes or no.)

- ☐ 1. Yes
- ☐ 2. No

I. TECHNICAL ASSISTANCE

State Level

47. During this reporting period, did state agencies participating in the SIG effort receive technical assistance from the CAPTs? (Check yes or no.)

- ☐ 1. Yes
- ☐ 2. No (Skip to Q49)

48. What topics were covered by the technical assistance? _____

49. During this reporting period, did state agencies participating in the SIG effort receive a site visit from the CSAP Project Officer or other CSAP staff? (Check yes or no.)

- ☐ 1. Yes
- ☐ 2. No

Sub-recipient Level

50. During this reporting period, did state agencies participating in the SIG effort provide technical assistance to sub-recipients? (Check yes or no.)

☐ 1. Yes

☐ 2. No (Skip to Section J)

51. How many sub-recipients were provided technical assistance during this reporting period?

52. What topics were covered by the technical assistance? _____

J. COLLABORATION

During this reporting period, to what extent did state agencies participating in the SIG effort...(Check one on each line)

	<i>Not at all</i>	<i>Infrequently (once or twice)</i>	<i>More than twice, but not ongoing</i>	<i>Frequently (ongoing)</i>
53. Share information/data?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
54. Conduct joint prevention planning?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
55. Implement joint prevention programming?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
56. Jointly fund a prevention project or program?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
57. Jointly fund a staff position related to prevention?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
58. Jointly coordinate prevention programming or service delivery?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
59. Design a multi-agency service delivery system or model?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
60. Implement a multi-agency delivery system or model?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
61. Coordinate prevention legislation, policies, regulations, or guidelines across agencies?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

K. FUNDING STREAMS

62. Has the SIG compiled an inventory of substance use prevention funds in the State? (Check yes or no.)

☐ 1. Yes

☐ 2. No (Skip to Q66)

63. What is the estimated total amount of substance use prevention funds being tracked by the SIG? (Give total for your previous fiscal year.).....\$ ____ , ____ , ____ . 00

64. What budget period do these funds include?

____/____/____ to ____/____/____
(month) (day) (year) (month) (day) (year)

65. How many agencies' prevention funds are included in this total? _____

66. Before the SIG Program, was there any statewide coordinating, leveraging, or redirecting of substance abuse funds? (Check yes or no.)

☐ 1. Yes

☐ 2. No

67. Was there an increase in substance use prevention funding by State during the current fiscal year? (Check yes or no.)

☐ 1. Yes

☐ 2. No (Skip to Section L)

68. Reason for increase in budget (Check all that apply.)

☐ 1. Reallocation of funds

☐ 2. Increase in general fund allocation

☐ 3. New **public** sector grants or contracts

☐ 4. New **private** sector grants or contracts

☐ 5. Other (Specify.) _____

69. How much (if at all) did the SIG influence these funding increases? (Check one.)

☐ 1. A great deal

☐ 2. Some

☐ 3. Hardly at all

☐ 4. None

☐ 5. Not applicable (explain) _____

L. COMPREHENSIVE PREVENTION STRATEGIES

70. Does your state currently have a statewide comprehensive youth substance abuse prevention strategy? (Check yes or no.)

☐ 1. Yes (Please provide CSAP with a copy of your strategy.)

☐ 2. No (Skip to Q75)

71. Did it exist before the SIG Program? (Check yes or no.)

☐ 1. Yes

☐ 2. No

72. When did your State complete its statewide comprehensive youth substance abuse prevention strategy? ____/____/____

73. Have there been any changes made to the statewide comprehensive youth substance abuse prevention strategy during this reporting period? (Check yes or no.)

☐ 1. Yes

☐ 2. No (Skip to Section M)

74. Describe the changes made to the statewide comprehensive youth substance abuse prevention strategy. _____

(Skip to Section M)

75. If there is no comprehensive strategy, what are the main impediments? (Check all that apply.)

☐ 1. Strategy not needed or relevant

☐ 2. One or more agencies object to a comprehensive strategy

☐ 3. Insufficient time to develop a strategy

☐ 4. Other (*Specify.*) _____

M. SYSTEMS CHANGE

76. What types of systems changes are being targeted at the State level as a result of the SIG Program? (Check all that apply.)

☐ 01 = Reorganization of State-level agencies

☐ 02 = Reallocation of resources (budgets or personnel) to State-level agencies

☐ 03 = Changes in State agency policies regarding youth substance abuse prevention

☐ 04 = Changes in youth substance abuse prevention grant processes

☐ 05 = Changes in State laws (supply or demand) regarding youth substance abuse

☐ 06 = Improved coordination and/or collaboration of State-level agencies involved in youth substance abuse prevention

☐ 07 = Increased input from local or regional organizations in State-level planning or implementation

☐ 08 = Increased technical assistance provided by the State to local, community-based, or regional organizations

☐ 09 = Regulatory or compliance monitoring changes by the State toward local or regional organizations

☐ 10 = Increased emphasis by the State on systems change at the local or regional level

☐ 11 = Increased emphasis by the State on coordination at the local or regional level

☐ 12 = Increased emphasis by the State on local science-based practices

☐ 13 = Other (*Specify.*) _____

List up to three major types of systems changes being targeted at the State level as a result of the SIG Program. (Use codes corresponding to types of systems changes in the previous question.)

77. First major type of change ☐ ☐
 * Other _____ ☐ ☐
78. Second major type of change ☐ ☐
 * Other _____ ☐ ☐
79. Third major type of change ☐ ☐
 * Other _____

List the three most significant barriers or obstacles to the State's progress in achieving its targeted systems-level changes. (Use codes below.)

80. Most significant barrier or obstacle ☐ ☐
 Other _____
81. Second most significant barrier or obstacle ☐ ☐
 Other _____
82. Third most significant barrier or obstacle ☐ ☐
 Other _____

- 01 = State laws governing State agency missions, policies, or regulatory authority too restrictive
 02 = State legislature is not in session often or long enough
 03 = Prevention is not a high priority
 04 = Inadequate support from the Governor's Office
 05 = Inadequate public support for this issue
 06 = Too many turf battles among State-level agencies
 07 = Inadequate staff
 08 = Inadequate funds
 09 = Inadequate time
 10 = Other (Please fill in the blanks above.)

N. STATE-LEVEL SUBSTANCE USE

83. Has your State measured any type of statewide youth substance use? (Check yes or no.)
☐ 1. Yes
☐ 2. No (Skip to Section O)

* The narrative text of responses to open-ended questions was not entered into the SPSS database. These responses represent qualitative information, which is not readily compatible with a software package for the analysis of numeric data.

84. How frequently is this measuring done?

- ☐ 1. More than once a year
- ☐ 2. Annually
- ☐ 3. Every other year
- ☐ 4. Less frequently

85. What is the most recent year for which data have already been reported? Year _____

86. What age groups were measured? (Check all that apply.)

- ☐ 1. Youth under 11 years of age
- ☐ 2. 11-13 years old (middle school ages)
- ☐ 3. 14-17 years old (high school ages)
- ☐ 4. Other (*Specify.*) _____

87. Which method does your State use to measure youth substance use? (Check all that apply.)

- ☐ 01. National Survey on Drug Use and Health (formerly the National Household Survey on Drug Abuse)
- ☐ 02. Youth Risk Behavior Survey
- ☐ 03. School Survey other than the Youth Risk Behavior Survey
- ☐ 04. Household Survey other than the National Survey on Drug Use and Health
- ☐ 05. Teacher or administrator survey
- ☐ 06. Law enforcement statistics
- ☐ 07. Hospital/health care statistics
- ☐ 08. Automobile accident statistics
- ☐ 09. Ethnographic methods
- ☐ 10. Other (*Specify.*) _____

88. Which substances are measured? (Check all that apply.)

- ☐ 1. Alcohol
- ☐ 2. Tobacco and tobacco products
- ☐ 3. Marijuana
- ☐ 4. Inhalants
- ☐ 5. Crack cocaine
- ☐ 6. Heroin
- ☐ 7. Illicit drugs as one overall category
- ☐ 8. Other (*Specify.*) _____

O. Roster of Sub-recipient Organizations

(*Sub-recipient organizations* refer to grantees awarded or receiving SIG funds by the State for prevention interventions.¹ Sub-recipient organizations (grantees) may implement their own prevention interventions or have their own subgrantees do this. A sub-recipient organization should have a minimum of one intervention).

For Office Use Only	89. Names of Sub-recipient Organizations	90. Award period (provide starting mo/yr and ending mo/yr)	91. Number of interventions funded during this reporting period ²
	a. _____	a. _____	a. _____
	b. _____	b. _____	b. _____
	c. _____	c. _____	c. _____
	d. _____	d. _____	d. _____
	e. _____	e. _____	e. _____
	f. _____	f. _____	f. _____
	g. _____	g. _____	g. _____
	h. _____	h. _____	h. _____
	i. _____	i. _____	i. _____
	j. _____	j. _____	j. _____
	k. _____	k. _____	k. _____
	l. _____	l. _____	l. _____
	m. _____	m. _____	m. _____
	n. _____	n. _____	n. _____
	o. _____	o. _____	o. _____
	p. _____	p. _____	p. _____
	q. _____	q. _____	q. _____
	r. _____	r. _____	r. _____
	s. _____	s. _____	s. _____

(Continued on next page.)

¹ Intervention is defined as an activity or set of activities to which a group is exposed to change the group's behavior. In substance abuse prevention, interventions may be used to prevent or lower the rate of substance or substance abuse related problems. If several activities are related to the same intervention (planning, development, implementation or evaluation), they should be combined and reported as a single intervention. For example, staff recruitment to teach the Botvin's Life Skills Training program, the training of staff to implement this program and the actual implementation of the program are all considered to be interrelated activities and should be reported as a single intervention – Botvin's Life Skills Training.

² Include in this count, all interventions that were funded for planning, development, implementation or evaluation during this reporting period.

O. Roster of Sub-recipient Organizations (continued)

For Office Use Only	92. Names of Sub-recipient Organizations	93. Award period (provide starting mo/yr and ending mo/yr)	94. Number of interventions funded during this reporting period ³
	t. _____	t. _____	t. _____
	u. _____	u. _____	u. _____
	v. _____	v. _____	v. _____
	w. _____	w. _____	w. _____
	x. _____	x. _____	x. _____
	y. _____	y. _____	y. _____
	z. _____	z. _____	z. _____
	aa. _____	aa. _____	aa. _____
	bb. _____	bb. _____	bb. _____
	cc. _____	cc. _____	cc. _____
	dd. _____	dd. _____	dd. _____
	ee. _____	ee. _____	ee. _____
	ff. _____	ff. _____	ff. _____
	gg. _____	gg. _____	gg. _____
	hh. _____	hh. _____	hh. _____
	ii. _____	ii. _____	ii. _____

³ Include in this count, all interventions that were funded for planning, development, implementation or evaluation during this reporting period.

Comments: _____

Thank you for completing this form.

Please send one (1) complete copy of this form (with all attachments and/or enclosures) with your semi-annual report submission to each of the following:

1. CSAP State Project Officer
SAMHSA/CSAP
Rockwall II, Suite 930
5600 Fishers Lane
Rockville, MD 20857
2. CSAP Grants Management Specialist
William Reyes
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 630
5600 Fishers Lane
Rockville, MD 20857
3. Bill Luckey, Associate Director
Substance Abuse Research Group
Westat
1650 Research Blvd.
Rockville, MD 20850